

WOODROW WILSON REHABILITATION CENTER POLICIES AND PROCEDURES	
Title: CONFIDENTIALITY	
Policy Number: 11.01	
Effective Date: 4/03	
Lead Department: RECORDS MANAGEMENT SERVICES	Page 1 of 3

OBJECTIVE:

To ensure and protect the confidentiality of client, employee, and student* information as required by law, WWRC policy, or contract.

POLICY:

WWRC protects the confidentiality of client information as required under Federal and Virginia state statutes, the provider-client privileges, rights to privacy, the state policy concerning confidentiality of medical records (VA), and codes of professional ethics. No person shall access, discuss, review, disclose, transmit, alter or destroy client information, except as required to fulfill WWRC job responsibilities. Information includes, but is not limited to, any client, employee, or student data, whether it is paper, verbal, electronic, or computer-generated.

Specific Prohibitions

1. Employees, students and volunteers shall not discuss specific client cases with each other in public areas such as hallways, elevators, waiting areas, lounges, buses or cafeterias.
2. Employees, students and volunteers shall not leave unattended in public areas client-specific information and medical records including client information on computer screens.
3. Employees, students and volunteers shall not access test results, diagnostic or demographic information of clients known to them, including spouse, family members and friends, without the patient's specific written authorization except as required to fulfill WWRC job responsibilities.
4. Management personnel may not request or access their employee's protected health informational record without proper authorization.

* **Student:** Any individual engaged in activities that include internships, directed practice, practicum experiences, etc. that is allowing the individual to gain hands-on experience through an educational program.

Breach and Sanctions

Unauthorized access of any client record or sharing of information from such records constitutes a breach of the confidentiality of the record, which may lead to sanctions including, but not limited to, termination of employment or other relationship with WWRC, loss of clinical privileges, and/or removal of access to client records at WWRC.

Employees shall report any breach of confidential information to their manager, the Records Management Services Director/HIPAA Privacy Officer, or the Information Security Officer immediately. This report can be anonymous.

Authority

Woodrow Wilson Rehabilitation Center's Director, Executive Committee, and Records Management Services Director/HIPAA Privacy Officer shall further this policy through collaboration with the other appropriate managers and through supplemental policy statements, procedures and guidelines. These include, but are not limited to, giving instruction on who and how authorization to access records may be obtained, disposal procedures, how an employee may access his or her own record, and how personnel shall respond to law enforcement and media requests for patient specific information.

Accountability

A confidentiality statement is included within each classified employee's Employee Work Profile (EWP) and reviewed annually as part of the annual performance planning process and documented in the EWP by signature of staff and supervisor.

The Confidentiality Statement will be reviewed and completed for hourly staff, student interns/affiliates, and volunteers. A completed copy is to be provided to the staff member, student intern/affiliate or volunteer. The original will be kept in the HR file for all hourly staff, and paid student interns/affiliates. For unpaid student interns/affiliates and volunteers, the original is forwarded to the HIPAA Privacy Officer. Supervisors of hourly staff, student interns/affiliates and volunteers should maintain a copy of completed Confidentiality Statement in their personnel files.

Where relevant and appropriate, the WWRC Contracts Office will attach a Business Associate Agreement as part of negotiated contracts and Memoranda of Understanding in compliance with HIPAA policies and regulations. Contract staff will be held accountable for compliance with terms and conditions of the associated Business Associate Agreement.

Revised 8/11

CONFIDENTIALITY STATEMENT

While I am working, observing, or volunteering at Woodrow Wilson Rehabilitation Center, I may learn things I would not ordinarily know about our clients.

I must protect their privacy.

1. I will use confidential information only as needed to perform my legitimate duties as an employee/volunteer/student affiliated with Woodrow Wilson Rehabilitation Center. This means among other things, that:
 - A. I will only access confidential information for which I have a need to know.
 - B. I will not in any way divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly authorized within the scope of my professional activities affiliated with Woodrow Wilson Rehabilitation Center.
 - C. I will not misuse or carelessly handle confidential information.
2. I understand that it is mandatory that employees, observers, and volunteers maintain the privacy and confidentiality of all clients in order to maintain a position of trust in the community and to protect our client's rights.

I have read and understand the above rules for confidentiality at Woodrow Wilson Rehabilitation Center.

Signature: _____

Date: _____

Witness: _____

(A copy of the signed Confidentiality Statement is to be provided to the employee, volunteer, or student.)